

**ARIZONA DEPARTMENT OF ENVIRONMENTAL QUALITY**  
**STATE ASSURANCE FUND**  
**DIRECT PAYMENT APPLICATION**  
**SECTION IV (C) - TABLE OF SUBSTITUTION**

**For Direct Payment Application # \_\_\_\_\_ and Preapproval Application # \_\_\_\_\_**

<b>Worksheet Column 13 Footnote# _____</b>											
						<b>PREAPPROVAL APPLICATION</b>					
Direct Pay Activity/ Description	Unit	Number of Units	Unit Rate	Markup	<b>Total Cost</b>	Preapproval Line No.	Preapproved Activity/ Unit Description	Number of Units	Unit Rate	Markup	<b>Total Cost</b>
<b>Worksheet Column 13 Footnote# _____</b>											
						<b>PREAPPROVAL APPLICATION</b>					
Direct Pay Activity/ Description	Unit	Number of Units	Unit Rate	Markup	<b>Total Cost</b>	Preapproval Line No.	Preapproved Activity/ Unit Description	Number of Units	Unit Rate	Markup	<b>Total Cost</b>
<b>Worksheet Column 13 Footnote# _____</b>											
						<b>PREAPPROVAL APPLICATION</b>					
Direct Pay Activity/ Description	Unit	Number of Units	Unit Rate	Markup	<b>Total Cost</b>	Preapproval Line No.	Preapproved Activity/ Unit Description	Number of Units	Unit Rate	Markup	<b>Total Cost</b>

☐ For any items identified above that do not meet the requirements of A.R.S. 49-1054 (C)(1),  
I request that costs be evaluated for evaluation under A.R.S. 49-1054 (C)(2).